

FILED JAN 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44863
11608
Registrar's No.

BIRTH NO. 97956-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Jennings	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hosp.					
3. NAME OF DECEASED (Type or Print) a. (First) Christopher		b. (Middle) Paul		c. (Last) Naumann	
4. DATE OF DEATH (Month) (Day) (Year) 12 18 56		5. SEX M		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant		8. DATE OF BIRTH 12/17/56		9. AGE (In years last birthday) 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Francis Naumann		13b. MOTHER'S MAIDEN NAME Helen D. Mayer	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Francis Naumann 8835 Greenbrook Dr.					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth		INTERVAL BETWEEN ONSET AND DEATH 22 WEEKS	
ANTECEDENT CAUSES		DUE TO (b) UNKNOWN			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jennings Mo. Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 12-17-56, 1956, to 12-18-56, 1956, that I last saw the deceased alive on 12-18-56, and that death occurred at 6 A.M., from the causes and on the date stated above.

22a. SIGNATURE James Miles MD		22b. ADDRESS 1607 N Grand		22c. DATE SIGNED 12-18-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/18/56		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23d. LOCATION (City, town, or county) (State) St. Louis Mo.		24. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. DEC 18 1956		REGISTRAR'S SIGNATURE Paul Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Robert D. Fireasy 2228 St. Louis	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert D. Grealy*
General Director
Licensed Embalmer No.....

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.